

**Report to:** **STRATEGIC COMMISSIONING BOARD**

**Date:** 28 October 2020

**Reporting Member /Officer of Strategic Commissioning Board** Councillor Eleanor Wills – Executive Member (Health, Social Care and Population Health)  
Jessica Williams, Director of Commissioning

**Subject:** **IMPROVING DEMENTIA SERVICES IN THE NEIGHBOURHOODS**

**Report Summary:** There are an estimated 2,691 people in Tameside and Glossop living with dementia. Tameside and Glossop Strategic Commissioning are committed to improving the lives of people living with dementia and, through this, reduce reactive costs associated with the high volume of activity in unscheduled and long term care. In 2016 in Tameside, the rate of emergency admissions, aged 65+ with dementia was 4,839 per 100,000 population, compared to the rate for England of 3,046 per 100,000 population.

10 days in a hospital bed (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over the age of 80. Gill et al (2004) studied the association between bed rest and functional decline over 18 months and found a relationship between the amount of time spent in bed rest and the magnitude of functional decline in instrumental activities of daily living, mobility, physical activity and social activity.

One of the Greater Manchester priorities, the overall vision for Tameside and Glossop is linked to the development of a rich, post diagnostic support offer to support people living with dementia and their carers to make informed choices, be empowered to take control of their lives and maintain their well-being and independence for as long as possible.

The impact of Covid on people with dementia and their families is significant. Forced isolation from routine activities, support networks, increased isolation and the additional confusion this has brought means that all are feeling the strain.

**Recommendations:** This report requests agreement to extend the existing Dementia Support Worker Pilot contract with the Alzheimer’s Society for a further 12 months using previously identified funding of £110,000 through the covid-19 emergency award process in order to give stability during Covid as well as enable a full review of options to further integrate dementia services within the neighbourhoods.

**Financial Implications:**  
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

<b>Budget Allocation (if Investment Decision)</b>	£110,000
<b>CCG or TMBC Budget Allocation</b>	CCG
<b>Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration</b>	Section 75

<b>Decision Body – SCB Executive Cabinet, CCG Governing Body</b>	SCB
<b>Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark</b>	Evidence underpinning proposals demonstrate VFM when in direct correlation with emergency admissions
<b>Additional Comments</b>	
<p>The funding for the continuation of this pilot is already established within budget baselines for 20/21 as this proposal sets out to extend this service for another 12 months to allow for further developments. By extending will allow enough time for a whole pathway review to create a fully integrated dementia offer within each of the neighbourhoods. By such time the aspiration is to go out to tender for all “community dementia provisions”, which is expected to generate efficiencies that will benefit the system economy. This modelling will be carried out at a later date. Star procurement advice has been sought, and completion of the emergency contract award exemption recommended with a full procurement to take place after the 12 month extension</p>	

**Legal Implications:  
(Authorised by the Borough Solicitor)**

The extension of the contract is likely to amount to a direct award of contract as it appears from the report that the current contract is due to expire in 2021.

Therefore the direct must be undertaken compliantly under the Public Contract Regulations 2015 as amended by the Cabinet Office Covid related emergency provisions.

It is therefore critical that the project officer seeks and relies on the advice from STAR.

**How do proposals align with Health & Wellbeing Strategy?**

The proposal aligns with the ageing well strategy.

**How do proposals align with Locality Plan?**

This proposal aligns with the ambitions set out in the locality plan, explicitly supporting the commitment to provide quality post diagnostic support ensuring that people living with dementia can maintain independence and remain in their own homes as long as possible.

**How do proposals align with the Commissioning Strategy?**

The proposal aligns with the commissioning strategy alongside the NHS Long Term plan, addressing areas of increasing post-diagnostic support, and improving the care to people living with dementia and delirium, allowing them to have an improved quality of life, and continuing to age well

**Recommendations / views of the Health and Care Advisory Group:**

The report has not been shared at HCAG following STAR Procurement advice and emergency covid-19 legislation

**Public and Patient Implications:**

The integrated dementia pathway, of which this is a key element has been co-produced with input from patients and the public with lived experience of mental health needs.

<b>Quality Implications:</b>	Provision of better post diagnostic support will lead to improved quality of care for people and their carers living with dementia
<b>How do the proposals help to reduce health inequalities?</b>	With mental ill-health being so closely associated with many forms of inequality, providing a rich post diagnostic support offer for people and their carers living with dementia will reduce the inequalities that people experience.
<b>What are the Equality and Diversity implications?</b>	There are no equality and diversity implications associated with this report.
<b>What are the safeguarding implications?</b>	There are no safeguarding implications associated with this report
<b>What are the Information Governance implications? Has a privacy impact assessment been conducted?</b>	There is no information governance implications associated with this report.
<b>Risk Management:</b>	Risks will be continuously monitored by the integrated dementia pathway
<b>Access to Information :</b>	The background papers relating to this report can be inspected by contacting the report writer Chris Pimlott. Mental Health and Learning Disabilities Commissioning Manager
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## 1. INTRODUCTION

- 1.1 In September 2017 the Strategic Commissioning Board agreed to:
  - a. Commission a pilot for Dementia Support Workers (DSW) in each Neighbourhood in Tameside
  - b. Establish Dementia Practitioners (DPs) in each neighbourhood team by investing in three new roles to add to existing PCFT CMHT nurses, Willow Wood Dementia Nurse and ICFT Admiral Nurse capacity.
- 1.2 The Alzheimer's Society was contracted to deliver the Dementia Support Worker Pilot from April 2018 to March 2021.
- 1.3 This report explores the development and output of the pilot and propose recommendations for next steps.

## 2. PROGRESS TO DATE

- 2.1 An integrated dementia pathway and a community of practice has been established, within which the dementia support worker are a key part.
- 2.2 The Dementia Support Workers are valued members of the Integrated Neighbourhood Teams, where their role is to:-
  - Provide post diagnostic support to people and their carers/ families and work with dementia practitioners (DPs) to support an allocated caseload, providing emotional support and promoting access to emotional support/mental health pathways;
  - Be a consistent relationship across primary/acute/secondary care and collaborate with local resources and, with DPs, build capacity/capability in primary care, community services and the voluntary and community sector;
  - Liaise with and, through monitoring their role, provide advice to Primary Care annual care plan reviews and support access to advocacy services;
  - Provide a communication conduit for individuals admitted into hospital and ensure continuity of care plans and support discharge planning;
  - Link with Palliative Care Team;
  - Facilitate and support peer to peer support through a rich community offer
  - Support specialist Dementia Practitioners;
  - Work closely with the social prescribers within the neighbourhood teams.
- 2.3 The community of practice, where dementia staff and partners from the whole system come together, have developed:
  - a whole pathway for post diagnostic support
  - 'keep in touch' contacts to monitor health and wellbeing and identify and early warning signs of disease progression
  - close working with other parts of the system to ensure seamless stepping up and down based on individuals needs
- 2.4 Since the introduction of the dementia pathway, and increased community support for people living with dementia, the following benefits have been evidenced:-
  - A reduction of the number of people on the dementia register prescribed anti-psychotics
  - An increase in the number of people dying in their usual place of residence
  - Below the national average length of stay for people admitted with a diagnosis of dementia

### **3. PROPOSAL TO EXTEND THE DEMENTIA SUPPORT WORKERS PILOT**

- 3.1 The 12 month service extension is intended to allow further development to create a fully integrated dementia offer within each neighbourhood. By extending this Pilot, there is time to carry out a whole pathway review and, following this, the option to go out with a full tender for all community dementia provision within the neighbourhood/PCN model, connecting closely to secondary care provision.
- 3.2 12 month requested will allow a full tender process to be undertaken. In light of the Covid-19 pandemic, it has not been possible to undertake a comprehensive review of the pilot scheme as the service model has changed and adapted In order to meet national guidelines around social distancing. Also, under the current circumstances, it would be difficult, through a tender process to undertake the due diligence required due to these changes. In addition, the ability of the market to bid at this time may be hampered by other priorities and therefore there may be a shortage of providers who submit.
- 3.3 The original contract was held within Tameside Council, and the plan had been for this to be reviewed by health as an investment going forwards as a key part of the integrated community dementia pathway. The extension therefore, is planned to be from within CCG budgets whilst remaining on the current council contract.

### **4. INVESTMENT PROPOSAL**

- 4.1 It is proposed to invest as follows:

	<b>2021/22</b>
Dementia support workers	£110,000

### **5. NEXT STEPS**

- 5.1 It is intended for a full tender to take place prior to any further contract being awarded by 31 March 2022.

### **6. RECOMMENDATIONS**

- 6.1 As set out at the front of the report.

